

Docket No.: C1037.70041US00

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Arthur M. Krieg

Serial No.:

10/613749

Confirmation No.:

6452

Filed:

July 3, 2003

For:

NUCLEIC ACID COMPOSITIONS FOR STIMULATING IMMUNE

RESPONSES

Examiner:

N. M. Minnifield

Art Unit:

1645

Certificate of Mailing Under 37 CFR 1.8(a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop Alexandria, VA 22313-1450. posited with the U.S. Postal Service on the for Patents, P.O. Box 1450,

Dated: March 23, 2006

## AMENDMENT AFTER FINAL ACTION UNDER 37 C.F.R. 1.116

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

## INTRODUCTORY COMMENTS

In response to the Final Office Action mailed on January 23, 2006, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this Amendment.

Remarks begin on page 11 of this Amendment.

03/28/2006 SFELEKE1 00000051 232825 10613749

01 FC:1202

50.00 DA

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**Application Number** 

## **TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

Application Number	10/613749-Conf. #6452				
Filing Date	July 3, 2003				
First Named Inventor	Arthur M. Krieg				
Art Unit	1645				
Examiner Name	N. M. Minnifield				
Attorney Docket Number	04027 7004411000				

Total Number of Pages in This Submission C1037.70041US00 ENCLOSURES (Check all that apply) After Allowance Communication x | Fee Transmittal Form Drawing(s) Appeal Communication to Board of Fee Attached Licensing-related Papers Appeals and Interferences Appeal Communication to TC x Amendment/Reply Petition . (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Proprietary Information **Provisional Application** Power of Attorney, Revocation **Status Letter** Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please **Extension of Time Request** Terminal Disclaimer Identify below): Return Receipt Postcard **Express Abandonment Request** Request for Refund CD, Number of CD(s) Information Disclosure Statement **Certified Copy of Priority** Landscape Table on CD Document(s) Reply to Missing Parts/ Remarks Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name WOLF, GREENFIELD & SACKS, P.C. Signature Printed name Maria A. Trevisan Date Reg. No. 48,207

x04.23.06

Certificate of Mailing Under 37 CFR 1.8(a)								
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail In any enveloper addresses. Mail Stop AF, Commissioner for Patents, P.O.								
the date shown below with sufficient postage as F Box 1450. Alexandria, VA 22313-1450.	First Class Mail, in an envelope addresses of	Mail Stop AF, Commissioner for Patents, P.O.						
2-23-06								
Dated: Signature	gnature:	(Michelle M. Quinn)						
<u></u>								

NOTER LIGION

PTO/SB/17 (12-04v2)
Approved for use through 7/31/2008. OMB 0651-0032
rademark Office; U.S. DEPARTMENT OF COMMERCE
ormation unless it displays a valid OMB control number.

13	Under the Paperwork Red	luction Act o	f 1995, no person (	are requi	red to respond to a co	lection of in	formation unless it di	isplays a valid	OMB control nu		
	Effective on 12/08/2004.				Complete if Known						
A TRA	RADD of pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					10/613749-Conf. #6452					
	FEE TRANSMITTAL			First Named Inventor Examiner Name		July 3, 2003					
÷	For FY 2005					Arthur M. Krie					
						N. M. Minnifield					
,	Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1645			411000			
ને	TOTAL AMOUNT OF PAYME	Attorney Docket	No.	C1037.70041L	1800						
	METHOD OF PAYMENT (check all that apply)										
	x Check Credit Card Money Order None Other (please identify):										
	X Deposit Account Deposit A	Account Numl	ber. <u>23/2825</u> De	eposit Acc	count Name:	Wolf,	Greenfield & S	acks, P.C.	·		
٤	For the above-identifie	d deposit	account, the Di	rector is							
	x Charge fee(s) inc	dicated			Charge	e fee(s) in	dicated below, e	cept for ti	he filing fee		
	X Charge any addi	tional fee(	s) or underpayr	ment of	x Credit	any overp	ayments		-		
•	fee(s) under 37	CFR 1.16	and 1.17						_		
	1. BASIC FILING, SEARCH, A	ND EYA	MINATION FEE	9							
	1. BASIC FILING, SEARON, A		G FEES		ARCH FEES	EXAMI	NATION FEES				
•	A 11 43 <b></b>		Small Entity		Small Entity	Foo (\$)	Small Entity	Eooe I	Paid (\$)		
^		Fee (\$) 300	<u>Fee (\$)</u> 150	Fee (\$	<u>Fee (\$)</u> 250	Fee (\$) 200	Fee (\$) 100	<u> </u>	<u>-aiu (a)</u>		
M	Utility	200	100	100	50	130	65				
V.5	Design Plant	200	100	300	150	160	80		<del></del>		
20'	Reissue	300	150	500	250	600	300				
1 John	Provisional	200	100	0	0	0	0				
GNO	2. EXCESS CLAIM FEES	200	100	·	·	•	•		Small Entity		
0,10	Fee Description							Fee (\$)	Fee (\$)		
(10Y	Each claim over 20 (including	Reissues	)					50	25		
Noter Enter	Each independent claim over	3 (includi	ng Reissues)					200	100		
N	Multiple dependent claims							360	180		
(\lambda_a,	Total Claims Extra Cla		Fee (\$)		Paid (\$) 0.00	_	ultiple Depende	ent Claims Fee Paid (\$			
•	62 -61 = 1	× -	50.00 =	51	0.00	<u>, F.</u>	<del>e (\$)</del>	-ee Palu (a	ш		
	Indep. Claims Extra Cla	ims	Fee (\$)	Fee	Paid (\$)				_		
	3 -3=	× _	• _		<del></del>						
	3. APPLICATION SIZE FEE  If the specification and draw	inaa ayaa	nd 100 chapte o	fnoner	(evoluding electr	onically f	iled seguence or	computer			
	listings under 37 CFR 1.5	ings excert (2(e)), the	application siz	e fee di	e is \$250 (\$125 f	for small e	entity) for each a	dditional 5	0		
	sheets or fraction thereof.										
	<u>Total Sheets</u> <u>Extra</u>	Sheets	Number o	f each r	idditional 50 or frac			Fee	Paid (\$)		
	- 100 =		/50		(round up to a who	de number)	х	=	D-11/A		
	4. OTHER FEE(S)	£120 £	( aall and	ia. dia.				rees	Paid (\$)		
	Non-English Specification		æ (110 Sinan ent	ity uist	ounty		·				
	Other (e.g., late filing surc	narge):									
	SUBMITTED BY	I IIVI			Registration No.	48,207	Talastere	(647):04	6 0262		
	Signature (Attorney/Agent)						Telephone (617) 646-8266				
	Name (Print/Type) Maria A. Tro	evisan					Date	March 2	3, 2006		
			Certificat	e of Ma	lling Under 37 CFR	1.8(a)					
	I hereby certify that this paper ( the date shown below with suffi	along with a	any paper referred	to as be	eing attached or enc	losed) is be	ing deposited with	the U.S. Pos	ital Service on		
	Alexandria, VA 22313-1450.	aciii bosta	80 00 1 110t O1033	ء دولاسر			)				

Signature. M.

(Michelle M. Quinn)